## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT		DEPARTM Secretary of ISION OF COR	of State	STATE		FILED  08 MAY 27 AM 9		
DOCUMENT # 736482  1. Corporation Name				Γ	SEURETARY OF ST ALLAHASSEE, FLO	ORIDA		
FRATERNAL ORDER OF EAGLES LAKE WORTH				REINSTATEMENT 700130260527 05/27/0801005014 **183.75				
AERIE #3694 INC.								
2. Principal Office Address - No P.O. Box #		Nailing Office Address PO BOX C64			CR2E081 (12/07)			<b>W</b> '
<u> </u>		i. #, etc.			L V			
PO BOX 6647				Date Incorporated or Qualified     To Do Business in Florida				
City & State	City & State	•					Applied For	
LAKE HORTH FL.33461		LAKE WORTH II			5. FEI Number	51-0193468		
2ip Country U.S.	Δ <sup>zip</sup> 33 (	166 8	Country Alx BE	<del>ach</del>	6. CERTIFICATE		Additional Fee required a Certificate of Status	
7. Name and Address of Current Registered Agent							}	
BAHR, EDWARD J JR.				The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you				
Street Address (P.O. Box Number is Not Acceptable)								
1970 ASHLEY DR.E.				are certifying the prior notices were not received and requesting the reinstatement				
Suite, Apt. #, Etc.								
City State Zip Code				fee be	waived.			
WEST PALM BEACH FL 33415								
8. I, being appointed the registered agent o	f the above named corporate	oration, am fam	illiar with and a	ccept the ob	ligations of section	n 607,0505 or 617,0503, F.S.		
Signature of	2/-/-	ノ						
Registered Agent REGISTERED AGENT MUST SIGN					Date			
9. Names and Street Addresses of Each O	fficer and/or Director (FI	orida nonprofit	corporations m	ust list at lea	est 3 directors)			
	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State	/ Zip	
P NEIL H KAMPE	NEIL H KAMPEN		1500 LUCERN AVE, LAK			FLORIDA	23460	
S EDWARD & BAH	2970 ASHLEY DRIVE E. VILLE			E. VILLAS	West Palm Ba	ACH PL 33WS		
G RONALD W BAH	RONALD W BAHR		1452 LANA LANE			W.P.B FL 3	3415	
M WILLIAM A SAWYER		3533 WILLIAMS STREET			TREET	LAKE PARK F	£ 23403	
T RICHARD SOTHE	RICHARD SOTHEN		2457 GABRIEL LAN			W.P.B. FL 3	3405	
1 BOB WRIGHT	BOB WRIGHT		102 LISA LANE			LAKE WORTH	rl23463	
10. I certify that I am an officer or director or this reinstatement application, the reaso owed by the corporation have been paid on this application is true and accurate.	n for dissolution has bee I and the names of indivi	en eliminated, th iduals listed on t	ne corporate na this form do no	ime satisfies t qualify for a	the requirements an exemption con	of section 607.0401 or 617.040	01, F.S., that all fees	

SIGNATURE: (SIGNATURE: SIGNATURE)

SO BAHA SECTION OF SIGNING OFFICER OR DIRECTOR

5/19/08 586-5333 Date Devime Phone #

OMPLETING THIS FORM.

"Additional Office" PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # 736482 FRATERNAL DROER OF EAGLES LAKE WORTH AERIE #3694 INC 3. Mailing Office Address 2. Principal Office Address - No P.O. Box # CR2E081 (12/07) ZIDI LAKE WORTH RD Suite, Apt. #, etc Suite, Apt. #, etc. Date incorporated or Qualified PO BOX 6647 To Do Business in Florida City & State City & State Applied For Number LAKE WONTH -0193468 Not Applicable \$8.75 Additional Fee require for a Certificate of Status STATUS DESIRED 7. Name and Address of Current Registered Agent The reinstatement feets imposed, except in BAHR BOUARD circumstances which the entity did not receive Street Address (P.O. Box Number is the prior notices. By checking this box, you ASHLEY 2970 are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement VILLA D. fee be waived. Zip Code WEST PALM BEACH 33415 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Date \_ 5/19/08 Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Titles LAKE NORTH FL 33460 915 ND STREET WILLIAM HENRIKSEN 10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617. F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 817.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR